Mozambique Nutrition Country Fiche

Stunting prevalence in Mozambique has barely decreased in 10 years and remains very high. Anaemia is also a serious public health concern. Emphasis has to be placed in Mozambique on decentralising the operationalisation of the national multi-sectoral plan to reduce chronic undernutrition at grass-roots level. Strengthening of institutional and organisational capacities of the public, private and civil society stakeholders and improving accountability will be crucial for advancing political commitment and the nutrition agenda. The EU is firmly committed by focusing on the two most populous provinces with stunting >40%, investing in improved governance in food security and nutrition and scaling up actions at subnational level.

Progress against the World Health Assembly targets

<table>
<thead>
<tr>
<th>WHA Nutrition Indicators</th>
<th>GNR 2015 analysis of progress</th>
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<tbody>
<tr>
<td>Stunting of children under-five years of age</td>
<td>NA</td>
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<tr>
<td>Wasting of children under-five years of age</td>
<td>NA</td>
</tr>
<tr>
<td>Overweight of children under-five years of age</td>
<td>NA</td>
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<tr>
<td>Anaemia of women of reproductive age</td>
<td>NA</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>NA</td>
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<tr>
<td>Exclusive breastfeeding of infants under six months</td>
<td>NA</td>
</tr>
</tbody>
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Data last referenced by EU

<table>
<thead>
<tr>
<th>Prevalence</th>
<th>Year</th>
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<tbody>
<tr>
<td>43.1%</td>
<td>2011</td>
</tr>
<tr>
<td>6.1%</td>
<td>2011</td>
</tr>
<tr>
<td>7.9%</td>
<td>2011</td>
</tr>
<tr>
<td>54.0%</td>
<td>2011</td>
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<tr>
<td>14.1%</td>
<td>2011</td>
</tr>
<tr>
<td>42.8%</td>
<td>2011</td>
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EU Analysis of Stunting Trends and Projections

The line graph shows the historic trend in prevalence of stunting and the forward projection (based upon data until 2012) with the current average annual rate of reduction (AARR) of 1.67% (brown dotted line) as well as the projected AARRs of 2.13% (red broken line) and 5.49% (blue line) to meet the government’s own commitment and the WHA target (respectively). In 2012, 1,790,000 children under-five were stunted. Given the current trend and considering the population growth, 1,790,000 children will be stunted in 2025. However, the WHA target calls for additional efforts by government and development partners to reach an extra 720,000 children and avert them from stunting.

Implications for Development Planners

The line graph shows...
Economics and Demography

Demographic data (2014)

- National population: 26,472,977
- Urban/Rural divide: 32/68%
- Children under five: 4,470,000
- Adolescent girls: 1,397,000
- Population growth: 2.4%

Source: WB, UNDESA

Key Dimensions of Nutrition

Despite Mozambique's impressive economic growth, high levels of stunting persist with little change over the last decade. As many as 43% of children are stunted, half of them severely so. Anaemia is widespread affecting 69% of children and 54% of women in reproductive age. Geographical disparities and socio-economic inequities are huge. High agriculture production areas considered “food secure” have the highest prevalence of stunting. Dietary diversification is one of the lowest in the region. Early childbearing, poor water/sanitation and poor access to health are key contributors of undernutrition.

Nutrition Governance

<table>
<thead>
<tr>
<th>Member of SUN Movement: Yes since 2011</th>
<th>HANI ranking (out of 45): 28th (Low commitment)</th>
</tr>
</thead>
</table>

Government's commitment to nutrition (including N4G event):
The Government of Mozambique committed to reduce stunting from 44% to 20% by 2020. This target was officially revised to 35% in the Five Year Government Plan (2015-2019).

Multi-sectoral policy framework for nutrition:
The Multi-sectoral Plan for the reduction of Chronic Undernutrition (PAMRDC) 2011-2015 (2020) prioritises the first 1,000 days and is the country’s common results framework for nutrition action. National Agriculture Investment Plan (PNISA) 2014-2018 establishing the development assistance framework for rural development includes the reduction of chronic undernutrition among its objectives.

Multi-sectoral platform for nutrition coordination:
The Technical Secretariat for Food and Nutrition Security (SETSAN) under the Agriculture Ministry is the convening body and reports to Ministers’ Council twice a year on PAMRDC progress. SETSAN’s upgrade to Institute for Food and Nutrition Security Promotion (IPSAN) could raise the national profile of and leadership for nutrition. The Technical Group for PAMRDC is the multi-sector/stakeholder platform.
Support of the EU and Member States

### NIP Focal Sector(s) for nutrition 2014-2020:
1) Good Governance & Development; 2) Rural Development.

#### Enhance mobilisation and political commitment for nutrition:
- Support to the SUN movement.
- Through the Nutrition Partners Forum, participation in the policy dialogue on the use of nutrition indicators in the Performance Assessment Framework.
- Sustaining institutional capacities of SETSAN at both central and provincial levels to plan, coordinate, communicate, advocate and monitor the PAMRDC multisectoral plans.
- Support capacity development of key provincial departments for planning and operationalisation of provincial PAMRDC plans to ensure improved delivery of public services relevant to nutrition.
- Together with other Member States, support Civil Society efforts to develop social accountability mechanisms on food and nutrition rights.

#### Scaling-up actions:
- EU actions, where all rural development interventions will converge, focus on the two most populous provinces (Zambezia and Nampula) that account for nearly half of all stunted children in the country.
- Accelerate the scale up of key nutrition interventions at provincial level, including the delivery of water-sanitation-hygiene (WASH) actions and of an essential nutrition package targeted at children, adolescents and women. Social behaviour change is embedded in all interventions.
- Implement nutrition-sensitive interventions in agriculture, food security and rural development including integration of small producers into agri-food value chains, feeder roads to better link the worst affected rural areas with public services and economic opportunities.
- Support the fortification of processed foods with micronutrients, with one focus on the expansion of fortification to products which are most commonly consumed in Mozambique.

#### Strengthen expertise and knowledge-base:
- Technical assistance support to strengthen SETSAN’s capacities in Monitoring & Evaluation of nutrition-sensitive agriculture and food security interventions into the national information systems.
- Support for the 2015 Mid-Term Evaluation of the MDG1.C Programme\(^6\) with special focus on nutrition. Coaching of national staff to better link agriculture/food security and nutrition initiatives.
- Establishment of a "Knowledge Building Facility" to strengthen the information basis for nutrition planning and co-ordination.
- Strengthening the existing National Evaluation Platform (hosted by the National Health Institute) to build sustainable national capacity to manage and analyse health, nutrition, and contextual data, for greater programme effectiveness and accountability.

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1. [http://www.who.int/nutrition/topics/nutrition_globaltargets2025/en/](http://www.who.int/nutrition/topics/nutrition_globaltargets2025/en/)
2. Global Nutrition Report 2015. For stunting and overweight: red = "Off course: No progress", orange = "Off course: Some progress" or "On course: At risk", green = "On course: Good progress"; For exclusive breastfeeding: red = "Off course: Reversal" or "Off course: No progress", orange = "Off course: Some progress", green = "On course"; For wasting and anaemia: red = "Off course", green = "On course". In some cases the GNR analysis will differ from the EU analysis on stunting because the EU database precedes 2000 and projects trends from a longer historic perspective.
4. Demographic and Health Survey 2011.
5. The figures presented here using the EC-DEVCO stunting tracking tool might differ from those generated by the WHO tracking tool ([http://www.who.int/nutrition/trackingtool/en/](http://www.who.int/nutrition/trackingtool/en/)) because there are differences in the methods used regarding: i. the calculation of the estimated numbers of stunted children in 2012; ii. the calculation of the target number of stunted children in 2025; iii. the demographic assumptions made; and iv. the historical stunting prevalence considered.
6. MDG1.C Programme “Accelerate progress towards achieving MDG1.C” aims to: i) Enhance agricultural and fisheries production, ii) Improve access to food, iii) Improve nutritional status of vulnerable groups, especially women and children.